



SUP # 2017-0007

## Administrative Special Use Permit Application

PROPERTY LOCATION: \_\_\_\_\_

ZONE: \_\_\_\_\_ TAX MAP REFERENCE: \_\_\_\_\_

### APPLICANT'S INFORMATION:

Applicant: AMIRALI NASSERIAN Business/Trade Name: MODERA TEMPO

Address: 5760 DOW AVE, ALEXANDRIA VA

Phone: 301-255-6008

Email: ANASSERIAN@MCRTST.COM  
JOHN.DOE@THEREALDOE.COM

### PROPOSED USE:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Day Care Center  
Light Auto Repair  
Overnight Pet Boarding  
Outdoor Garden Center  
Catering Business  
Valet Parking

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Restaurant  
Outdoor Dining (exclude King Street Retail)  
Live Theater  
Outdoor Food and Crafts Market Center  
Outdoor Display  
Massage Establishment

### Please read and sign after the statement:

I have read and understand the general standards and the requirements for the use for which I am applying and have attached the Worksheet for the use.

Signature: \_\_\_\_\_

### Please submit the following with this application form:

Site Plan - At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.

Floor Plan - At a minimum, show and label all interior features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.

Worksheet for specific use from Checklist and Worksheet package.

**VALET PARKING**

Zoning Ordinance Section 11-513(N)

**Qualify for Administrative Review?**Will the proposed valet parking be located in the King Street Overlay zone? ☐ Yes ☒ No

If yes, the business qualifies for administrative review. If no, speak to P&amp;Z staff about the full SUP process.

**WORKSHEET – Answer each question. Attach a separate sheet of paper if necessary.****VALET PARKING PLAN**

Please provide a copy of the plan with your application.

A detailed plan must be submitted showing and explaining all components of the valet parking, including at least the following:

- (a) The location of the drop off area as well as the location for the parked vehicles to be stored;
- (b) The proposed days and hours of operation of the valet parking plan; *SEE PLAN*
- (c) The number of spaces available at the vehicle storage site, which must be of sufficient capacity for the use or uses from which vehicles will be valeted; *ABOUT 50 SPACES.*
- (d) Adequate assurance that the owner and operator of the vehicle storage site is agreeable to the proposed valet plan; *YES*
- (e) The size and design of the drop off site and identification of any on street parking spaces that will be lost during the period that the valet parking plan is in effect, such spaces to be kept to a minimum;
- (f) Demonstration that the location of the drop off site will not interfere with traffic, remaining parking, bus stops, or transit passengers or pedestrians;
- (g) The proposed graphics for the drop off site, including signage and uniformed staff, with sufficient visibility but designed to be compatible with the streetscape as determined by the director;
- (h) The proposed number of attendants, which must be sufficient to adequately staff the operation; and *2*
- (i) If the proposed valet plan includes more than one business, the identity of the party or entity responsible for compliance with the approved valet parking plan. *RETAIL @ MODENA TENPO*

**LOCATION OF STORED VEHICLES**

Vehicles may not be parked or temporarily stored by an attendant on streets or sidewalks.

Where will the parked vehicles be stored? *IN THE GARAGE***SHARED PARKING PROGRAM**

No structures are permitted in conjunction with a valet parking program, unless associated with a shared parking program among several businesses, and only after the design is reviewed for comment by the Old and Historic Alexandria District Board of Architectural Review. Please review Section 11-513 (N) of the Zoning Ordinance for more detail.

Are any structures proposed as part of the valet parking program?



If so, please include a detailed description and plan for the structure with your application. Attach a separate sheet, if necessary.

Is the program part of a shared parking program with other businesses?



If so, please describe the program and identify the other businesses to be included. Attach a separate sheet.

**Complete the Administrative Special Use Permit Application on the following pages.**

SUP #2017-0007

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 5750 DOW AVE,  
(property address), for the purposes of operating a VALET PARKING (use)  
business as described in this application.

I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

Name: ANNAKIS NASSERIAN Phone: 301-255-6008  
Address: 6701 DEMOCRACY BLVD #500 Email: ANASSERIAN@MCRTTRUST.COM  
BETHESDA MD 20817  
Signature: [Signature] Date: 6/13/17

1. The applicant is the (check one):

- ☒ Owner  
☐ Contract Purchaser  
☐ Lessee or  
☐ Other: \_\_\_\_\_

of the subject property.

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.

OWNERSHIP IS MP LANDMARK GATEWAY, LLC AND NO INDIVIDUAL OWNS MORE THAN 3%.

If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

- ☐ Yes. Provide proof of current City business license  
☐ No. The agent shall obtain a business license prior to filing application, if required by the City Code.

## USE CHARACTERISTICS

2. Please give a brief statement describing the use:

IMPLEMENT VALET PARKING FOR RETAIL USE AT MODERA TEMPO  
 - 3 CARS @ EACH PROPOSED LOCATION  
 - VALET SPACES WOULD BE UP TO 50 SPACES WHICH WILL BE DETERMINED BY VACANT SPACES AVAILABLE AFTER RESIDENTIAL LEASES.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	5 PM - 11 PM
Tuesday	5 PM - 11 PM
Wednesday	5 PM - 11 PM
Thursday	5 PM - 11 PM
Friday	5 PM - 11 PM
Saturday	11 AM - MIDNIGHT
Sunday	11 AM - 11 PM

4. Please describe the capacity of the proposed use:

A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift). ~~100~~ DURING THE WEEK, 300 DURING WEEKENDS

B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift). ~~2~~ 2 EMPLOYEES DURING THE VALET TIME

5. A. How many parking spaces of each type are provided for the proposed use:

UP TO 50 Standard and compact spaces  
 \_\_\_\_\_ Handicapped accessible spaces  
 \_\_\_\_\_ Other

B. Please give the number of:

Parking spaces on-site <sup>UP TO</sup> 50 IN GARAGE

Parking spaces off-site N/A

If the required parking will be located off-site, where will it be located?

6. Please provide information regarding loading and unloading for the use:

A. How many loading spaces are available for the use? N/A

B. Where are off-street loading spaces located? N/A

C. During what hours of the day do you expect loading/unloading operations to occur? N/A

D. How frequently are loading/unloading operations expected to occur per day or per week? N/A

7. If any hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or cleaning or degreasing solvent), as defined by the state or federal government, will be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below: N/A

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: AN THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Initial: AN THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

AMIRALI NASSERIAN  
Print Name of Applicant or Representative

  
Signature

6/13/17  
Date

If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_









[illegible]

PAREL 3012-01-01-CM A  
EXP 9 JANUARY 87  
USE OFFICIALS INOX  
ZONE  
COMFY DIFF LLC  
126 N RUSMAN ST  
ACRINGTON, VA 22023

STATE GRID PLANE-NORTH ZONE  
NAVY HQ

An aerial photograph showing a residential street labeled "VIRGINIA". A house with a prominent chimney is visible on the left side of the street. The image is grainy and appears to be a historical or surveillance photograph.

PARCEL 3492-01-02-05  
420-636 5 PICKETT ST  
USE OFFICE/COMM HOUSE  
ZONE 1  
CHRSR. PICKETT SQUARE 1 LLC  
C/O SAMUEL BARTIS  
230 EAST 42ND WAY, STE 500  
BETHESDA, MD 20814

APPROVED  
SPECIAL USE PERMIT NO. 221-0030  
DEPARTMENT OF PLANNING & ZONING  
City of North York  
10/3/12  
DATE

DEPARTMENT OF TRANSPORTATION & ENVIRONMENTAL SERVICES  
SITE PLAN NO.  
Bel  
11/5/12  
DATE

John H. Kermeske  
10/3/12  
DATE

City of North York  
DATE

DATE RECEIVED \_\_\_\_\_

PREPARED BY \_\_\_\_\_ PAGE NO. \_\_\_\_\_

**christopher consultants**  
engineering • surveying • land planning  
1000 main street (hwy 100) • hwy 40 • #201 • 2007  
03-273-2420 fax 03-273-7056



COMMONWEALTH OF VIRGINIA  
*David J. Sharon*  
 DAVID J. SHARON  
 Lic. No. 033332  
 09-07-2012  
 PROFESSIONAL ENGINEER

# SITE DIMENSION PLAN

FINAL SITE PLAN

LANDMARK GATEWAY

THE CITY OF ALEXANDRIA, VIRGINIA

PROJECT NO. 06-03-08  
SCALE: 1"=30'  
DATE: 02-22-2012  
DESIGN: DS  
DRAWN: EG  
CHECKED: DS  
SHEET No. C50

C5.0  
C-611

